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FORM 2 COVER SHEET

In The United States Court of Federal Claims

Cover Sheet

Plaintiff(s) or Petition	ner(s)
The Estate of Ne	bil Ozgen
If this is a multi	-plaintiff case, pursuant to RCFC 20(a), please attach an alphabetized, numbered list of all plaintiffs.
Name of the attorney	of record (See RCFC 83.1(c)): Frederick M. Oberlander
Firm Name:	The Law Office of Frederick M. Oberlander, P.C.
Contact information f	for pro se plaintiff/petitioner or attorney of record:
Post Office Box:	
Street Address:	43 West 43rd Street, Suite 133
City-State-ZIP:	New York, NY 10036
Telephone:	212-826-0357
E-mail Address:	fred55@aol.com
Does the attorney of r If not admitted to the court or Nature of Suit Code: Select only one (three digit) n	ord admitted to the Court of Federal Claims Bar? Yes No record have a Court of Federal Claims ECF account? Yes No renrolled in the court's ECF system, please call (202) 357-6402 for admission papers and/or enrollment instructions. 2 1 2 atture-of-suit code from the attached sheet. identify partnership or partnership group. If numbers 118, 134, 226, 312, 356, or 528 are used, please explain.
Agency Identification See attached sheet for three-d	
Amount Claimed: Use estimate if specific amou	\$ 600.000 nt is not pleaded.
Disclosure Statement Is a RCFC 7.1 Disclo If yes, please note that two co	sure Statement required? ☐ Yes ☑ No
Bid Protest: Indicate approximate Is plaintiff a small bu	dollar amount of procurement at issue: \$siness?
Vaccine Case: Date of Vaccination:	
· · · · · · · · · · · · · · · · · · ·	elated to any pending or previous case?